

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Apache State ARIZONA

Township \_\_\_\_\_ or Village \_\_\_\_\_

City St Johns No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child William Gibbons { If child is not yet named, make supplemental report, as directed3. Sex F If plural births { 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Is mother married? yes 8. Date of birth 2-20, 1939  
(Month, day, year)9. Full name Kenneth Gibbons FATHER 18. Full maiden name Lona Grace Merrill MOTHER10. Residence (usual place of abode) (If non-resident, give place and State) St Johns Ariz. 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_11. Color or race White 12. Age at last birthday 27 (Years) 20. Color or race White 21. Age at last birthday \_\_\_\_\_ (Years)13. Birthplace (city or place) St Johns (State or Country) Arizona 22. Birthplace (city or place) Flag (State or Country) Arizona14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work 19 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work \_\_\_\_\_27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ { During labor \_\_\_\_\_ Before labor \_\_\_\_\_ }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Gerald C. Lewis, M. D. or \_\_\_\_\_, Midwife

Address \_\_\_\_\_

Filed 2-20, 1939 J. J. Bouldin

Registrar.

Registrar.

372-220-343